

Foster Family Home - Corrective Action Report

Provider ID: 1-170075

Home Name: Jenina Galicinao, NA

Review ID: 1-170075-4

94-1036 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/14/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 11/14/19.

Corrective Action Report issued during home inspection with all items due to CTA by 12/14/19.

6.(d)(1)- see applicable sections of the review

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

54.(b)- No timely charting noted in progress notes for Client #1 and Client #2.

Maribel Nakamine, Rev
Compliance Manager

11/14/19
Date

Jenina Galicinao
Primary Care Giver

11/14/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jenina Galicinao

CCFFH Address: 94-1636 Kuhaulua St. Waipahu, HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(b)	Lapsed charting cannot be corrected. I have taken an inservice class for charting/documentation. Attached is my certificate of completion of inservice.	12/5/19	Going forward I will do a timely manner charting/documentation on my clients.

Primary Caregiver's Signature: Jenina Galicinao

Print Name: Jenina Galicinao

Date of Signature: 12/06/19